

Index of Claims				Application No.	Applicant(s)
				10/073,717	WILLARD ET AL.
				Examiner	Art Unit
				LaToya L. Cross	1743
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input type="checkbox"/> + Restricted Cancelled		<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected
Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	3/04 9/04 4/05	51		101	
2	✓ ✓ ✓ ✓	52		102	
3	✓ ✓ ✓ ✓	53		103	
4	✓ ✓ ✓ ✓	54		104	
5	✓ ✓ ✓ ✓	55		105	
6	✓ ✓ ✓ ✓	56		106	
7	N ✓	57		107	
8	N ✓	58		108	
9	✓ ✓ ✓ ✓	59		109	
10	N ✓	60		110	
11	N ✓	61		111	
12	✓ ✓	62		112	
13	✓ ✓	63		113	
14	✓ ✓	64		114	
15	✓ ✓	65		115	
16	✓ ✓	66		116	
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